

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09596114	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4							54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9	1						59						
10		1					60						
11	1	0					61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18		6					68						
19		6					69						
20		6					70						
21		6					71						
22		6					72						
23		6					73						
24		6					74						
25		6					75						
26		6					76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	85						TOTAL DEP.						
TOTAL CLAIMS	71						TOTAL CLAIMS						